CHAPTER 3

# Actors and Social Reforms in Five Dual Welfare Regimes in Latin America: Brazil, Mexico, Colombia, Panama and Venezuela

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## 3.1 Introduction

During the last three decades, the social security and health systems of the dual welfare regimes of Latin America (LA) have undergone thorough reforms, and these countries have also developed numerous conditional cash transfer (CCT) programmes and social pension schemes. This has occurred in the context of a tension between two welfare paradigms:

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one of a liberal type and the other closer to universalism. We argue that the paradigms that orientated the reforms depended on the political ideology of the governments that carried them out, but the political alliances and supporting networks built by each government to support them determine their success and continuity.

The purpose of the work presented here is to classify the reforms, showing which paradigms were behind them, determining to what extent the reforms have had an effect on social well-being, and whether they have promoted or restricted the building up of rights and social citizenship, and also to analyze the impact of these reforms on five Dual Welfare Regimes (DWR): Brazil, Colombia, Mexico, Panama and Venezuela. Our analysis is focused on the actors who promoted the reforms, the social agenda that they proposed and the progress made in carrying out the reforms.

The work is divided into four parts; the first classifies the welfare regimes of the five cases studied during the period of import substituting industrialization (ISI). The second shows the welfare gaps between them as they were in the years 1970–1980, just before the reforms came in. The third part addresses the reforms to social security and health systems and the creation of Conditional Cash Transfer (CCT) programmes. To conclude, the fourth part assesses the impact of the reforms on indicators for social expenditure, poverty and income inequality, up until 2015.

## 3.2 Characteristic of the DWR of LA During the Period of ISI

Various studies have established similarities and differences in the processes of consolidation of the welfare regimes in Brazil, Mexico, Colombia, Panama and Venezuela during the period of ISI. In all five cases democracy was slow to get established, after 1980, and the forms of political inclusion tended to be corporative and vertical.[1] There was less "social mobilization" in those countries where "ethnic/racial diversity" was greater[2] (Pribble 2011).

The five countries adopted a variety of economic models: Brazil and Mexico proceeded with their industrialization, Panama established itself

[1] Particularly in the cases of Brazil, Mexico and Panama (Pribble 2011).

[2] Mexico, Brazil and Colombia (Pribble 2011).

as an economy based on logistical, financial and tourist services, Colombia as an economy exporting primary goods and Venezuela as an extractive rentier economy (Barba and Valencia in press). In spite of their differences, in four of the cases presented here, as pointed out by Mesa-Lago (1986, 2007), their social security systems had all been set up between 1940 and 1950, with Brazil, where this took place in the 1920s, the only exception.

In general terms these systems were not inclusive and equitable and were built on stratified forms of labor inclusion, co-existing with social assistance programmes and informal mechanisms concerned with the well-being of those without formal employment, that were associated with clientelist and patrimonial practices (Filgueira 2005; Barba 2003, 2007; Wood and Gough 2006; Martínez-Franzoni 2008). This created a great segmentation of institutions, stratified cover in social security and health, and a strong dualism between the rights of those participating in the formal economy and those of people who were not. This was an important factor that stood in the way of reducing poverty in those countries (Barba 2003 and 2007).[3]

In all five cases, the provision of care was considered a task for the family because it had come to be seen as being naturally a female responsibility, and in countries with a larger indigenous or Afro-descendant population, the tendency was to reproduce the social inequalities inherited from the colonial period all the more, along with gender inequalities (Barba 2007).

[3] As opposed to what happened in others, such as Argentina, Chile, Uruguay and Costa Rica, where there was more social homogeneity.

## 3.3 Welfare Gaps Among DWR in the 1970s and 1980s

Although there was a greater ethnic and racial heterogeneity in Brazil, Mexico and Venezuela, the rates of economic growth[4] and social expenditure[5] were similar in all of them, while the cover provided by social security was grater in Brazil and Mexico than in the rest of the countries of this cluster.[6] The five countries had similar figures for formal EAP,[7] educational cover[8] and the standard of living[9], as well as similar rates for poverty[10], inequality[11] and labour precariousness[12]. Table 3.1 provides a

[4] Between 1960 and 1970 the average GDP per capita for Brazil and Mexico (the most industrialized countries in this cluster) was 3.4; in the same stage, the average GDP per capita for Colombia, Venezuela, and Panama (the least industrialized countries in this cluster) was 3.1 (Urrutia 1993: Table 2.1).

[5] In 1980–1981 average social expenditure as a percentage of GDP for Brazil and Mexico was 11.8%, in the same stage such average for Colombia, Venezuela and Panama was 11.6% (Cominetti and Ruiz 1998: Table 2).

[6] In 1980 the average EAP insured as a percentage of the EAP was for Brazil and Mexico 41.5%, while such average for Colombia, Venezuela and Panama was only 33.0% (Isuani 1986: Table 2, and Tamburi 1986: Table 4).

[7] In 1970 the average formal EAP for Brazil and Mexico was 54.5%, while such average for Colombia, Venezuela, and Panama was a little bit greater: 57% (Thorp 1998: Table 6.4).

[8] In 1970 the average coverage of primary education for Brazil and Mexico was 72.3%, while such average for Colombia, Venezuela and Panama was 69.9%, the same year the average coverage of secondary education for Brazil and Mexico was 46.9%, while such average was greater in the rest of the countries of this cluster: 53.5% (Urrutia 1993: Tables 2.6 and 2.7).

[9] The relative standard of living index uses three variables: GDP per capita, life expectancy at birth, and the literacy rate in the adult population. It allows comparing the level of well-being of each Latin American country with the well-being of the United States in the same year, so always the attributed value is 100 for the USA. In 1970 such an average index was 64 for Mexico and Brazil, and 68 for the rest of the countries of this cluster (FitzGerald 1998: Table 9.5).

[10] In 1970 the average rate of total poverty (as a percentage of households) for Mexico and Brazil was 41.5%, a although it was smaller for Colombia, Venezuela and Panama: 35.3% (Altimir 1995: Table 2.1).

[11] In 1970 the average Gini coefficient for Mexico and Brazil was 0.590, and it was smaller for Colombia, Venezuela, and Panama: 0.530 (Altimir 1995: Table 2.1).

[12] In 1970 the average percentage of precarious employment (employment in the informal sector, domestic services, and employment in traditional agriculture) for Mexico

**Table 3.1** Dual Welfare Regimes in the period of ISI (1940–1980). Typology developed by Carlos Barba[a]

| *Dual welfare regime sub-type* | *Countries included* | *Historical contexts* | *Characteristics compared* |
|---|---|---|---|
| Industrialized | Brazil, Mexico[a] | Rapid industrialization. Greater labour informality. High degrees of ethnic and racial heterogeneity. Significant inequalities inherited from the colonial period | Similar to universalist regimes in the expansion of social rights, concentrated on formal urban sectors. Social policy favored middle income groups (industrial workers, public employees and members of the middle class). But the rural population, informal urban workers and indigenous peoples or Afro-descendants remained outside the main welfare institutions. An important institutional deployment of the sectorial systems of education and health. Less development, and slower, of their social security systems, segmented by social and labour status and regressive in terms of gender |
| Exporters of primary goods | Venezuela, Colombia and Panama | Weak industrialization. High rate of labour informality. Less ethnic and racial heterogeneity | Intermediate indicators in the context of LA for inequality, poverty, employment, social expenditure, coverage of social security and education and health<br>Strong familialism in the care field |

*Sources* Barba (2003, 2007, 2009); Barba and Valencia (2013). [a]In the work by Barba and Valencia (2013) we have reviewed some of the reforms introduced to these two welfare regimes during the first decade of the new millennium. Barba has also reviewed these reforms in a number of more recent publications (Barba 2016, 2018 and In Press)

summary of the characteristics of this type of WR during the ISI period according to the typology developed by Carlos Barba.

## 3.4 Reforms of Pensions and Health Systems, and the Creation of Conditional Cash Transfers

In LA from the 1990s there have been two crisscrossing waves of social reforms, based on two opposing welfare paradigms. The first derives from a neoliberal perspective, backed by a global technocratic coalition, and has had a significant influence on reforms of pension and health systems and on poverty reduction programmes (Barba 2007). The second, which is closer to universalism in that it aims to build up rights and social citizenship, has been adopted by progressive governments and social coalitions with an important national component.[13] Following this paradigm, a new social agenda seeks to broaden the cover of social security through normative and institutional reforms, instead of strengthening the role of the market in the provision of social services and targeting State action on the poorest as proposed by the neoliberal paradigm (Barba 2018).

In this section we shall look at two major categories of reform: those of pensions and health systems, and then at a number of conditional cash transfers (CCT) programmes developed in the DWR. In the reforms and programmes considered, it is possible to see the imprint of actors pursuing opposing interests and objectives (Cecchini et al. 2014; Barba 2018).

### *3.4.1 Reforms of the Pension Systems*

Two kinds of reform have been made of pensions system in DWR: parametric reforms and structural reforms. The second type of reforms was realized with the aim to replace the old pay-as-you-go systems with others based on individual savings and the private administration of pensions. Structural reforms were carried out by Colombia in 1994 and Mexico in

and Brazil was 47.5%, while such average for Colombia, Venezuela and Panama was 43.1% (Thorp 1998: Table 6.4).

[13] Support for these coalitions has come from a number of social movements whose demands express dissatisfaction with particular processes: the weakening of the social function of the State, the great tensions felt in the social security systems, the great instability of the family, atypical types of employment and an increasing absence of social security.

1997. While parametric reforms were carried out by Brazil in 1998 and 2003, as well as by Panama in 2000 (GES 2007: 2).

#### 3.4.1.1 *Parametric Reforms with Complementary Private Pensions*

In Brazil and Panama these reforms did not aim to impose a new model, but to strengthen the workings of the systems already in play, through adjustments to three variables: the rate of the contributions to be paid in, the age of retirement and the size of the pensions to be paid out; and to complement these systems with private systems.

In Panama contribution pensions, called social security funds (*Cajas del Seguro Social*, *CSS*), were introduced in 1941, and during the period between 1998 and 2004, a technical team from the International Labor Organization (ILO) with methodological support from the United Nations Development Program (UNDP) carried out an actuarial study to facilitate the reform. After a stage of political negotiation and a financial crisis in the CSS, the reform was carried out in 2005. Two subsystems were set up: one paying out fixed benefits, which underwent a parametric reform[14] and a mixed subsystem that contemplates the possibility of private savings, but it is not very important. The coverage of this three-part system is very high: 81.7% of the population in 2010 (Rodríguez 2013: 31–32).

In Brazil with the adoption of the Federal Constitution of 1988, social security was recognized as a social right[15] and the separation between private-sector workers and those employed by the State,[16] that had been established in 1966 with the creation of the Social Security Institute (*Instituto Nacional de Previdência Social*, INPS) and the Social Security Institute for Public Servants (*Instituto de Pensão e Aposentadoria dos Servidores Estaduais*, IPASE), was confirmed. The 1988 Constitution allowed complementary and voluntary private funds to be established, and

[14] Retirement ages were raised and so were the quotas needed to obtain the benefit.

[15] Even though the first social security systems (Cajas) were started in the early years of the 20th century.

[16] There was also a semi-contribution plan that was set up for rural workers and another of benefits without contributions (Beneficios de PrestacionesContinuas), called continual contribution benefits.

these were also conceived of under a pay-as-you-go system[17]. However, in Brazil, the emphasis has always been on regarding social security as a public matter (Robles and Mirosevic 2013: 29–30).

In 1991 the National Social Security Institute was founded, but the logic of the system did not change: it still had greater benefits and rights for State employees. Two compulsory regimes were started: the first was for private-sector workers, and the second for people who were working for the government,[18] with much better conditions and benefits in the latter (Robles and Mirosevic 2013: 30–32).

#### *3.4.1.2 Structural Reforms: The Creation of Private Pension Savings Schemes*

Reforms of this type, which were made in Mexico and Colombia are emblematic products of a social policy agenda on a global scale, in which the main actors are *advocacy coalitions* (coalitions promoting social policies) whose members share the same belief system, and usually develop a strong consensus over the central idea of a policy but are flexible about secondary aspects (Gómez Lee 2012: 11–30).

In these reforms the most important external actors have been international financial institutions (IFI), especially the World Bank (WB) and the Inter-American Development Bank (IDB), while the principal actors domestically have been organized private interests and ministries of the economy and finances (MEF) who appoint specialized technical *reform teams* to design and apply the reforms, that are advised by international experts and are financed by the IFI (De León 1994: 176; Orenstein 2005: 177–178; Gómez Lee 2012: 11–30; Valencia 2018).

The reforms came in response to a big financial crisis in the pay-as-you-go systems, in the context of a low rate of economic growth.[19] A number of studies show that the reforms were the product of pressures from the

[17] Complementary social security is voluntary and is administered by the private sector through profit making and non-profit making bodies and they run collective social security plans for employees in specific companies, co-operatives or unions (Robles and Mirosevic 2013: 32).

[18] And would have mixed financing: with contributions from employees and the State.

[19] The pensions systems were in a parlous state, with 40% of pensions expenditure going to the pensions of state employees, at a time of high rates of unemployment, high inflation and an ageing population (Grindle 2002: 87–90).

IFI, but they were also supported by domestic actors such as the MEF and coalitions of private interests.

The aim of these reforms has been to give up the old pension systems,[20] with defined benefits, set up at various times in the twentieth century, and replace them with private pensions, in which the contributions are fixed, on the basis of individual savings accounts, and the benefits are pre-financed through individual savings and investment in private accounts, but their amounts are not defined in advanced because they depend on the individual's savings and income from the invested funds: so processes or mechanisms of redistribution are not allowed. To sum up, in this model the risk and the reward are assumed by the individual (Orenstein 2005: 181–182) (Table 3.2).

The process of reform closely follows the logic of deploying policies promoted by the *advocacy coalitions*, with their strong consensus on the central ideas of policy and considerable flexibility in secondary aspects, as happened with the WB proposal of 1994, which did not seek to replace the model of saving for retirement with a radically different one[21], just to follow a model with three pillars (Gómez Lee 2012: 11–30).[22]

The WB sought to facilitate the application of the reform, while recognizing the existence of powerful local actors opposed to any radical reform. Their flexible approach is evident in the cases of Mexico and Colombia, where the reforms did imply a change of paradigm in both cases, though their scope varied.

The most radical reform was that of Mexico, which followed the Chilean model of closing down the public systems and replacing them with the new systems of capitalization through individual accounts. The

[20] In which the State and employers are responsible for managing the systems, and income taxes are used to pay for those who have retired, with benefits defined in advance which may be redistributed between generations and are linked to the beneficiary's whole employment trajectory in order to maintain the standards of living of recipients prior to retirement. In this scheme the risk is shared by all the workers in order to provide social security against a lack of income, old age, disability, and emergencies (Orenstein 2005: 181–182).

[21] As in the case of Chile.

[22] The social reforms applied in the 1990s had the significant participation of technical teams directed to making structural changes supported by a discourse of modernizing institutions, criteria such as the free market, freedom of choice, financial rationalization, and re-structuring the systems of providing services (Uribe 2007: 446).

**Table 3.2** A global social policy applied to the reform of pension systems in Latin America

| *Earliest reforms* | *Model of reform* | *The promoting coalition* | *Application of the government's agenda* | *The opponents* | *A flexible reform model* |
|---|---|---|---|---|---|
| In Chile in the 1980s | The Chilean reform started to be promoted as a model of reform by the World Bank in 1994[a] | Coordinated by the World Bank (WB) includes: | • Through the creation of technical teams for the reform appointed by governments | The International Social Security Association | A pensions system with three pillars: |
| | | • The United States Agency for International Development | • With the international support of agencies belonging to the promoting coalition | The ILO | • Minimum pensions for the poor paid for by the State |
| Creation of a private sector system of individual funding that replaced the pay-as-you-go systems | | • The Inter—American Development Bank (IADB) | | National public employee unions | • Compulsory pension based on individual savings administered by private organizations |
| | | • Tax or finance ministries in Latin American countries | | Opposition political partie | • Voluntary savings funded by individual accounts or employment pension schemes |
| | | • José Piñera Ex Labor Minister under Pinochet<br>• International Monetary Fund<br>• UNDP | | | |

*Sources* Original elaboration based on: Orenstein (2005: 189–194) and Banco Mundial (1994). [a]With publication of the report titled *Adverting the Old Age Crisis*

Colombian reform was closest to the WB model: a public system of distribution, complemented by a private system and a solidarity insurance fund to subsidize the contributions of those who did not have access to the social security system, and give financial support to those in extreme poverty (GES 2007: 4).

The long road taken by reforms to Mexico's pension systems[23] clearly illustrates the orthodox process of reform promoted by powerful technocratic coalitions (techno network) of a transnational type in Latin America and in particular in the Dual WR (Table 3.3).

Table 3.4 shows the path followed by the reforms in Colombia and illustrates a heterodox process, adjusted to the model proposed by the WB in 1994, in which the relative veto power of certain national actors at the stage of implementing the reform is also noticeable.

#### *3.4.1.3 Results of the Pensions Reforms in the Welfare DR of LA*

The results of these reforms have been a greater segmentation due to the multiplication of schemes, with different rules applying to those affiliated to the regimes before they were reformed and those who joined later, a growing polarization (due to the veto power of the unions opposed to the reforms) and a continuation of the old patterns of exclusion (Valencia 2018: 189).

CEPAL (2006: 36–37) considers that the capitalization reforms have not translated as had been expected into an increase in the participation of the productive sector, due to the limited or non-existent capacity to save of important segments of the population, as a result of the tendency towards informal and precarious employment during the last few decades. This has meant that the reforms have turned out to be ineffective in extending insurance cover to sectors traditionally excluded, in the informal economy, which has led to labour inequalities being transformed into insurance inequalities.

The figures also show that in every case where pension systems based on individual accounts were introduced, coverage rates and benefits levels either stagnated or went down, while administrative costs increased significantly, and the risks stemming from fluctuations in financial markets now fell directly on pensioners and could translate into the loss of all their

[23] Carefully analyzed in Valencia (2018).

**Table 3.3** The process and the actors in the reform of pensions systems in Mexico, 1992–2016

| *Antecedents* | *Objectives* | *Agenda of reforms* | *Promoting coalition* | *Design of the reform and relevant actors* | *Approval and relevant actors* | *Actors with veto power* |
|---|---|---|---|---|---|---|
| Financial crisis faced by pay-as-you-go pension systems in Mexico in the context of a low rate of economic growth[a] | Fundamentally economic: | Process played out in various spaces and moments[b]: | A "techno network"[g] integrated by: | *Centro de Desarrollo Estratégico para la Seguridad Social* (1993) | Presentation and approval of Law by legislators from different parties | Unions grouped into confederations[k] |
| | • To deal with fiscal imbalances | • Creation of a private pillar in 1992: SAR[c] | 1. National and international entrepreneurs with interests in the financial and pensions markets | | | |
| Non inclusive, strongly segmented systems, with a hierarchy of benefits | • Increase domestic (national) savings | • Creation of a technocratic center to reform pensions systems: CEDESS[d] | 2. Technocratic politicians[h] with the capacity to turn themselves into financial entrepreneurs or pension fund administrators, or financial advisers and officials of multilateral or financial organizations of an international character[i] | Working team created by the Tax Office (*Secretaría de Hacienda*) to design the reform of the IMSS pension scheme (1995) | Social Security Law of 1995 | |

| *Antecedents* | *Objectives* | *Agenda of reforms* | *Promoting coalition* | *Design of the reform and relevant actors* | *Approval and relevant actors* | *Actors with veto power* |
|---|---|---|---|---|---|---|
| | • Develop financial markets | • A succession of reforms of pension and retirement regimes of the IMSSe (1997); employees of the IMSS (2004) | 3. Multilateral organizations or international financial institutions[j] | | | Employee unions in IMSS, PEMEX, and ISSSTE |
| | • Create private administrators of pension funds and reinforce the insurance sector | • ISSSTE[f] (2007) | | Team to design the reform of the pensions for ISSSTE (2003 and 2007) and for Pemex (2015–2016) | Reform of the statute of IMSS employees (2004) | |
| | • Make the economy more competitive and able to grow | • Collective contract of Pemex workers (2015) | | | | Opposition parties[l] |
| | | | | | Reform of the ISSSTE Law (2007) | The armed forces |

*Sources* Valencia et al. (2012); Valencia (2016: 315–320); Valencia (2018: 175–191). [a]Between 1985 and 2014 per capita GDP grew by 0.9% on average. [b]Apart from the systems mentioned here (which are the most important) other pensions schemes were also reformed such as those of the workers of the national electric company la Comisión Federal de Electricidadand the public universities. In 2016 there were 42 public schemes. [c]RetirementSavingsSystem, Sistema de Ahorro para el Retiro. [d]Centre forthe Strategic Development of Social Security, Centro de Desarrollo Estratégico para la Seguridad Social. [e]Mexican Social Security Institute, Instituto Mexicano del Seguro Social. fInstitute of Social Security and Services of State Employees,Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado. [g]Which, to quote (2018): "… joins… technical knowledge to beliefs held in common, a political fabric and private interests". [h]Who work for the central bank, el Banco de México, the Department of Tax and Public Credit, Secretaría de Hacienda y CréditoPúblico, the Ministry of Foreign Affairs, Secretaría de Relaciones Exteriores, the Energy Department, Secretaría de Energía, the Department of Social Development, Secretaría de Desarrollo Social, and the National Bank of Foreign Trade, Banco Nacional de Comercio Exterior. [i]Who studied or are professors at the ITAM, Autonomous Technological Institute of Mexico (Instituto TecnológicoAutónomo de México)and have an academic historycovering important universities in the USA, such as: Yale, Stanford, Chicago, MIT-Massachusetts Institute of Technology, Harvard, and UPenn. [j]World Bank (WB), International Monetary Fund (IMF), Inter-American Development Bank (IADB), Organisation for Economic Cooperation and Development (OECD). [k]*La Confederación de Trabajadores Mexicanos* (Confederation of Mexican Workers), *la Unión Nacional de Trabajadores* (National Workers Union) and *el Movimiento Unificador Nacional de Jubilados y Pensionados* (United National Movement of Pensioners and Retirees). [l]*El Partido de la Revolución Democrática*, Party of the Democratic Revolution

**Table 3.4** The process and the actors in the reforms of the pensions system of Colombia, 1992–2016

| *Antecedents* | *Objectives* | *Agenda of reforms* | *Promoting coalition* | *Reform design and relevant actors* | *Approval and relevant actors* | *Actors with veto power* |
|---|---|---|---|---|---|---|
| Constitutional reform of 1991 that consecrated the State as a Social State | To deal with fiscal imbalances | Creation of the General Pensions System in 1993 through the passing of Law 100 | Private administrators of pension funds (APF) | Transitory Commission, constitutionally established[d] | Presentation and approval of Law 100, by legislators from different parties | The armed forces. |
| In the contradictory context of economic opening, liberalisation and deregulation of markets | Increase savings within the country and strengthen the financial sector. | Creation of two compulsory pension regimes for salaried employees and the self-employed who could opt for: | Multilateral organisations and International Financial Institutions | | This Law established gradual parametric changes (increased the qualifying number of weekly contributions, increased earliest retirement age) | Teachers' unions |
| | | The Average Premium Solidarity Regime[a] with defined contributions | | | | |

(continued)

**Table 3.4** (continued)

| *Antecedents* | *Objectives* | *Agenda of reforms* | *Promoting coalition* | *Reform design and relevant actors* | *Approval and relevant actors* | *Actors with veto power* |
|---|---|---|---|---|---|---|
| Old system of distribution provided cover for pensions and against professional risks to private sector workers through the Institute of Social Securities, *Instituto de Seguros Sociales* (ISS), financed with worker-employer contributions | To improve the efficiency and sustainability of the system | Or the Regime of Individual Savings with Solidarity | | | It did not allow the Institute of Social Securities to disappear and be replaced by a single regime of individual accounts run by the APF | University unions |
| In the case of public sector workers, there was a plethora of security regimes for pensions directly financed for each institution | Improve system coverage | Also, in 2003 the Solidarity Pension Fund, *el Fondo* Solidaridad, was passed, with Law 797[b] | | | This led to the formation of a parallel or dual system | |

| *Antecedents* | *Objectives* | *Agenda of reforms* | *Promoting coalition* | *Reform design and relevant actors* | *Approval and relevant actors* | *Actors with veto power* |
|---|---|---|---|---|---|---|
| | | | | | | National oil company workers Union |
| | Create private administrators of pension funds | Until 2010 there was also another regime called: "*Ahorro exceptuado*" (exceptional savings) for the armed forces, the national police, the legal profession and public universities. With their own rules of affiliation[c] | | | However, the Law required the gradual elimination of a plethora of funds and security schemes, forcing their affiliates to choose one of the two schemes on offer | |
| | | | | | | Opposition political parties |
| | | | | | But the same law made it explicit that the armed forces, teachers, and the oil company would retain their special regimes | |

*Sources* Ocampo (1992), Mina (2013: 12–15), GES (2007: 3). [a]*Régimen Solidario de Prima Media*. [b]To subsidise the pensions of those unable to pay contributions to either of the established schemes. [c]Up until 2008, 25% of the population making contributions belonged to the distributive system, 66% paid into the regime of private savings and only 6.2% into the exceptional savings regime. [d]Which suggested a design that sought to reconcile opposing points of view

**Table 3.5** Performance of pensions systems in the Dual WR of LA (around 2015)

| *Country* | *Population ageing stage*[a] | *Type of system (core)*[b] | *Coverage of pensions for senior citizens*[c] | *Poverty of those over 65 (%) in 2014*[d] | *Amount of average monthly pension payments received in 2010 (both sexes, in PPP)*[e] |
|---|---|---|---|---|---|
| Brazil | Advanced | Public-Mixed | High | 15.8 | 667.5 |
| Colombia | Moderately advanced | Mixed-Parallel | Low | 21.3 | 926.6 |
| Mexico | Moderate | Private | Low | 30.6 | 232.2 |
| Panama | Moderately advanced | Public-Mixed | Medium | 15.8 | 532.5 |
| Venezuela | Moderate | Public | Medium | 19.8 | 363.5 |

*Source* Original elaboration based on ILO (OIT 2018: Table 2.2) [a]According to the criterion used by CEPAL. [b]According to the criteria of this work. [c]Till 2011. [d]Figures of CEPAL. [e]Including contributive and non-contributive schemes

life's savings. Furthermore, this reform failed to produce an improvement either in fiscal or in financial terms (OIT 2017: 104–107).[24]

According to estimates by the ILO (2018: 70) the coverage of pensions and the poverty levels of senior citizens in the Dual WR, around 2015, were better in the one country that did not introduce reforms to its pension system (Venezuela), and in those countries that brought in parametric reforms in combination with complementary private schemes (Brazil and Panama). However, these indicators were lower for the countries that set up private pension schemes based on individual savings accounts (Mexico and Colombia) (Table 3.5).

It is not surprising in this context that since the middle of the first decade of the century, a topic central to the agenda of reforming insurance schemes has been the creation of a non-contributive component, focused on the population over 65 without access to the contributive pensions[25] (Table 3.6).

[24]The costs of the transition from one distribution system to another were underestimated.

[25]For lack of space we shall not go into this subject in any great depth in this work.

**Table 3.6** Social pensions in Dual WR in Latin America (2018)

| | *Programme* | *Years of start and finish* | *Annual Expenditure (% GDP)* | *Monthly transfer (Dollars)* | *Coverage (% of over 60s)* |
|---|---|---|---|---|---|
| Dual WR with universalist reforms | | | | | |
| **Brazil** | *Benefício de Prestação Continuada* | 1996– | 0.77 | 261 | 7.4 |
| | *Previdência Rural* | 1993– | 1.14 | 261 | 23 |
| Panama | *Programa Especial de Transferencia Económica a los Adultos Mayores* (“*120 A LOS 65*”) | 2009– | 0.28 | 120 | 26 |
| Venezuelaaa[a] | *Gran Misión en Amor Mayor* | 2011– | 0.23[b] | 477 | 19.8 |
| Dual WR with liberal reforms | | | | | |
| Colombia _[c] | *Programa Colombia Mayor* | 2012– | 0.12 | 25 | 26.2 |
| Mexico | *Pensión Para Adultos Mayores*[d] | 2007–2018 | 0.15 | 30 | 38 |

*Source* CEPAL (2020A). [a]Refers to 2012. Data for 2013–2018 are not complete in the ECLAC database. [b]Refers to the budget. [c]Refers to 2017. Between 2003 and 2012 there was another programme, called *Programa de Protección Social al Adulto Mayor* (Social Protection Program for theElderly). [d]Originally called *Programa de Desarrollo Social y Humano 70 y más* (Program for Human and Social Development 70 and over). In 2019 the pension program for the welfare of senior citizens, *Pensión para el Bienestar de las Personas Adultas Mayores* (“Elderly Welfare Pension”), was started, increasing the pension to 65 dollars and coverage to 53.7%

### *3.4.2 Reforms of the Health Systems*

In the dual WR, health reforms were concentrated on the period between 1984 and 2005: in Mexico in 1984 and 2004, in Brazil in 1990, in Colombia in 1994, in Panama in 1996 and in Venezuela in 1999, 2002

and 2005[26] (Mesa Lago 2004, 2005, 2007). As in the case of the reforms of pension systems, these reforms were undertaken because the public health systems were facing a serious deterioration in the early 1990s (Grindle 2002: 86–88).

Again the reforms followed two opposite paradigms: the residual paradigm that encourages fiscal balance, market mechanisms, decentralizing services, the promotion of a private pillar, competition between service providers, reducing costs, efficiency, the division of tasks and financial sustainability. And the sanitarist, aiming for universal coverage, equality, prevention, guaranteeing rights, services that are free of charge and comprehensive, with social and community participation (Grindle 2002: 86; Mesa-Lago 2007: 161).

The design of the health reforms fell to groups of experts but during the stages of being approved by Congress the reforms suffered important modifications[27]. When it came to applying the reforms the original design was put under a lot of pressure from groups with opposing interests and the reforms also faced considerable technical difficulties because reforms of this kind implied the provision of different services, and structural inequalities in accessing them that had been inherited from previous stages (Grindle 2002: 87–109; Mesa Lago 2005: 34).

The reforms followed contrasting paradigms, sometimes hybrids, and aimed for distinct objectives. In Brazil and Venezuela, the reforms followed a sanitarist paradigm and the objective was to create universal health systems, capable of guaranteeing the right to health for all citizens. In Colombia and Mexico, the reforms were guided by a paradigm of structured pluralism,[28] where the central idea was that of competition between public and State regulated private institutions, which did not however have the same objectives. In Colombia, the reform sought to reconcile sanitarist, mercantile and corporative visions in the context of the introduction of a new Constitution in 1991 that consecrated the

[26] For reasons of space we shall not address these reforms in detail as they are the most studied of the three types studied here.

[27] For example, to exclude powerful public employee unions from the reforms.

[28] Lordoño and Frenk (1996) propose linking functions (regulation, funding, coordination and employment), and the services provided (social security, private insurance schemes, protection of the poor), where regulation is the responsibility of ministries of health, funding is public, the different health institutions are combined, and there is pluralism in the offer of services (public, social security, mercantile and focalised).

social State in law but in a contradictory situation of economic opening, liberalization and deregulation of the markets. In Mexico the idea was to introduce a reform that would incorporate those sectors that did not have access to private or social security services, through a focused scheme (Alvarado et al. 2008: 114; Bonniec 2002: 207; Bonvecchio et al. 2011: 279; Capriles et al. 2001: 34; Cohn 2008: 88; GES 2007: 3; Giovanella 2013: 23, 73; Gómez and Nieto 2014: 734; Mesa-Lago 2007: Table 7.1; OCDE 1998: 96; Pereira 2001: 56; Tolentino 2009: 252; Uribe 2009).

Reforms in DWR were top-down, with the exception of Brazil. Most were promoted in a context of changes to the Constitution, with the exception of Mexico. Their design tended to be technocratic and the ministries of health, work and social security were responsible for appointing the teams of planners, with Mexico again providing an exception, as the main role was played by the tax office (*Secretaría de Hacienda*). Getting the reforms passed meant complicated negotiations with various political parties, that were settled in the Congress, but the results were often different to those hoped for. Getting them applied was even more difficult because it required confronting coalitions of actors who were intent on reorienting the reforms and succeeded in doing so, so the negotiations always expressed a fight between market and sanitarist conceptions, where the predominating tendency was that of the veto power of corporations and the market (Dión 2006: 44, 67 and 72; Fleury 2007: 149; Hunter and Sugiyama 2009: 44; Melo 2014: 3; Pêgo 2010: 53; Uribe 2009: 46–7; Viana et al. 2013: 218).

To conclude it should be noted two things: the first one is that the orientation of the reforms has been marked by the political ideology of the governments that promoted them. Left-wing governments promoted sanitary reforms, centre-right governments liberal reforms. The second one is that the success and the continuity of reforms have depended on state resources and the capacity of governments to form alliances and supporting networks of an international, national and local character (Grindle 2002; Mesa Lago 2005).[29]

[29] For a detailed analysis of this subject it is worth consulting: Barba and Valencia (mimeo.); Mesa Lago (2005, 2007); OPS (2018); Bonvecchio, et al. (2011); Alvarado, et al. (2008); Uribe (2009).

### *3.4.3 Conditional Cash Transfer Programmes*

The consolidation of the conditional cash transfer (CCT) programmes in the DWR, started in LA during the second half of the 1990s with the experience in Brazil of municipal and state programmes, and the first national CCT programme of the region, in 1997 in Mexico, which was initially called Progresa and then went on to be called Oportunidades in 2002 and finally Prospera in 2014[30] (Progresa—Oportunidades—Prospera, PROP). After these seminal experiences, CCT expanded over the region in the form of various national adaptations (Barba 2019), with heterogeneous promoters, and was also developed in countries with Dual WR.

It is no surprise that the CCT should have started in these countries because for a good part of the twentieth century they had made attempts to include more of the population in social protection mechanisms, but leaving important segments of the population out; and with the big crisis of the 1980s, the weaknesses of their social protection systems showed up with greater clarity.

In this context, a number of coalitions promoted the application of new actions by the State to deal with poverty: *Progresa*, in Mexico in 1997, *Bolsa Família* in Brazil in 2003,[31] *Familias en Acción* in Colombia in 2000 and *Red de Oportunidades* in Panama in 2006. The development of CCTs in DWRs was significant but uneven, with wide coverage[32] and low or very low spending.[33] These four programmes had some central elements in common, in particular the fact that the CCT aimed to encourage investment in the human capital of families through education, health and food (CEPAL 2020A; Barba 2019). The coalitions promoting them were heterogeneous giving the programmes

[30] Vera (2019) considers that there was a break between *Progresa-Oportunidades* and *Prospera*, with the incorporation of elements of productive and labour inclusion. In this work we consider Prospera to be a continuation of Progresa-Oportunidades.

[31] The origin of *Bolsa Família* can be traced back to a series of actions by municipal and state governments, undertaken since 1995, and a national programme focused only on education in 2001, called *Bolsa Escola* (Valencia 2019).

[32] In 2018, Brazil, Mexico, and Colombia stand out with a coverage of 26.8, 24.1 and 21.5 of their population, respectively; on the other hand, in Panama the coverage only reached 7% (CEPAL 2020B).

[33] In 2008 spending represented iin Brazil 0.44% of GDP; in Mexico, 0.35% (refers to the budget), in Colombia, 0.21% and in Panama a meager 0.04% (CEPAL 2020B).

their individual characters. These coalitions succeeded in getting national programmes consolidated, and influenced the spread of CCT abroad (especially *Progresa* and *Bolsa Família*, but also *Familias en Acción*).

The original idea might have formed inside or outside the country. In the case of PROP a solid national coalition focused on a central belief in the importance of investment in the human capital of families in order to break the chain of the transmission of poverty from one generation to the next, got the programme started in association with a group of government officials working on demographics (who introduced significant changes to the original design, especially with regard to the role of the female in the family) and managed to forge a strong alliance with an international coalition of academics, and officials from international financial institutions (Valencia 2019).[34]

In the case of *Bolsa Família* different approaches from within the nation combined in a coalition of human capital formed by municipal, state and federal officials, from different parties, a coalition advocating unconditional citizen income formed by militants and legislators from the *Partido del Trabajo*, and a coalition in defense of food security that emphasized the right to food and was formed by activists from NGOs, and municipal, regional and federal officials; these approaches continued with the creation of the federal programme *Bolsa Família*, following a decision by President Lula da Silva in 2003 (Valencia 2019)[35]; as a result of the convergence of these three coalitions, the programme is "hybrid": a combination of guaranteed citizen income and the strengthening of human capital (Ivo and Torres 2010). Probably its hybrid nature downplayed the importance of the alliance of this programme with the international coalition for human capital.

By contrast, in *Familias en Acción* and in the *Red de Oportunidades,* the original idea was foreign and to a large extent, though both these programmes imported the central ideas of the *Progresa-Oportunidades* programme, they also followed *Programa Puente* from Chile. *Familias*

[34] Several analysts point out a small influence from the experiences of the Bolsa Escola programme, through school grants, at the stage when Progresa was being designed (Morais 2017: 141; Valencia 2019).

[35] Several analysts point out a small influence from the programme Oportunidades in 2003 in the combination in a national programme of the three elements: education, health and nutrition (Valencia 2019). Another influence was from Puente (Chile), with regard to the strategy of support for families (Morais 2017: 139).

*en Acción* was designed with knowledge of the programmes *Oportunidades* (Mexico), *Bolsa Escola* (Brazil) and *Puente* (Chile); it is of special relevance that the "technical and operative guidelines of Oportunidades were adapted to the case of Colombia" (Núñez and Cuesta 2006: 247) so in this way it was "modeled" on the basis of *Progresa-Oportunidades* (Attanasio et al. 2010: 183), following contacts between Colombian government officials and academics and officials associated with the Mexican programme (Urrutia and Robles 2018: 2) and under pressure from the WB (Garzón 2013: 44). Also taking an active part were officials from the Ministry of Education who adopted an approach "based on efficiency" (Morais 2017: 107–108). In addition to receiving this influence from the national and international coalition of human capital, in the history of *Familias en Acción* there has been a convergence of other actors: the programme started as part of the *Plan Colombia*[36] (Urrutia and Robles 2018: 7–8), in the context of a serious economic crisis and peace negotiations; so there was a complicated convergence of matters of security (to deal with drug cartels and guerrillas), humanitarian concerns (peace) and social policies (Balen 2014: 56–57; Vera 2017). Taking part in the initial creation of information systems were economists and think-tank members (Balen 2014: 37). Further, the Constitutional Court included to some extent a human rights approach in 2004, when it required the government to protect the rights of displaced persons and the government decided in response to include them as beneficiaries of *Familias en Acción* (Balen 2014: 53–54); and in 2012, Law 1532 was passed to ensure the continuity of the programme, establishing that 100% of families in a situation of poverty and all displaced families should be beneficiaries of the Programme (Vargas 2015), which was re-named *Más Familias en Acción* (Castilla 2014: 69).

The programme *Red de Oportunidades* in Panama was also designed as an adaptation of other programmes in the Latin American region (Him 2017: 115), especially with regard to the experience of the *Progresa-Oportunidades*,[37] and the *Programa Puente* in Chile, from which it took

[36] Plan signed by the president, Andrés Pastrana, with the United States government to combat drug cartels and guerrillas (Vera 2017: 94). At first the WB and the IADB were reluctant to get involved in a programme of CCT linked to this security plan (Garzón 2013: 81; Balen 2014: 28).

[37] Personal communication from an official of Oportunidades in Mexico: designers of the Red de Oportunidades were in the offices of the Mexican programme.

the strategy of family support (Arim 2009: 52; Rodríguez 2010: 25). Those who took part in the design were officials from the social cabinet of the national government and from local governments, and also international experts (Him 2017: 114), who were explicit in adopting the approach of accumulating human capital and of applying targeted policies to deal with poverty (Rodríguez 2010: 14). The strategy adopted to design the programme was top-down, "due to the need to fulfil the terms and conditions of the international financial institutions" (Him 2017: 115).

These experiences are all associated with a strong international human capital coalition, formed of academics and officials from international financial institutions, especially the WB and the IADB. This coalition has made loans to the programmes, put pressure on governments to adapt the programmes, organized the sharing of experiences, and helped to spread them in the rest of LA and worldwide. However, this is a heterogeneous association. The four experiences have been supported with loans either to start up the programme (*Bolsa Família*, *Familias en Acción* and *Red de Oportunidades*) or to make sure it continued (PROP and the rest). *Bolsa Familia* received loans from the WB and the other three received them from the WB and the IADB (Him 2017: 114; CEPAL 2020A). PROP also received technical and financial support from the IADB to conduct an evaluation.[38] The WB and the IADB have been very important in spreading the programmes of these dual regimes, especially *Progresa-Oportunidades* and *Bolsa Família*; the programme that has been presented by these institutions as a paradigm is PROP, as it centres its design on an approach concerned with the accumulation of human capital and it has promoted evaluations since the beginning, and for other reasons. For example, on the World Bank web page there were 5,442 entries for *Progresa-Oportunidades* up until 2010 and 2,040 for *Bolsa Familia*; on the IADB web page, there were 432 and 110, respectively, according to a study by Morais (2017: 142–143). According to a WB report (Fiszbein et al. 2009: 6) "What really makes Mexico's program iconic are the successive waves of data collected to evaluate its impact, the placement of those data in the public domain, and the resulting hundreds of papers and thousands of references that such dissemination has generated". There is no doubt that PROP, *Bolsa Família*, *Familias en Acción*

[38] Personal observation of one of the authors of the present text.

and *Red de Oportunidades* were supported by the international coalition for human capital, and in turn, the first three of these have collaborated in consolidating the coalition and its dissemination worldwide.

## 3.5 The Impact of the Reforms

Certainly, some things have changed with three decades of reforms. Since the 1990s, Brazil and Panama appear to have reduced their welfare gaps considerably, while Mexico and Colombia have made smaller achievements, though these are by no means insignificant. The case of Venezuela is however uncertain because of its profound economic and political crisis. Brazil and Panama are closest to the universalist regimes of LA (with widespread, though not universal, social security, complemented by important non-contributive initiatives), Colombia and Mexico have kept their dualism (with important non-contributive initiatives whose approach is minimalist) and Venezuela is caught up in a process where the central agreements are breaking up as a result of the ongoing crisis. Behind the current situation are the different strategies followed by these countries, which vary between a vision centred on the State (clearly the case of Brazil and Venezuela), a vision more closely aligned to the market (clearly true of Mexico and to a lesser extent of Colombia) and a gradualist perspective as in the case of Panama.

The five dual regimes showed divergent economic performances (Table 3.7): initially Brazil, Venezuela and Panama showed a significant dynamic, but only the latter kept it up; Brazil went through important recessions without recovering growth. Colombia and Mexico had low rates of growth, that was more constant in the case of Colombia. In this macro-economic context (from 2000 to 2018), all the countries increased their social expenditure, most significantly in Venezuela and Brazil, and to a lesser extent in Colombia and Mexico in the framework of a conservative macro-economic policy (Table 3.7). Even with the crisis, Brazil maintained its tendency to increase social expenditure, which was probably the result of institutional inertias from previous agreements. Until just before the crisis in Venezuela, this country and Brazil were close to the average for OECD countries.

The regimes with universalist reforms reduced poverty very significantly, to around half, at least until the economic crisis came back again after 2014; at which time Brazil slowed the momentum of its poverty reduction a little, while Venezuela started to show signs of a social crisis

**Table 3.7** DWR in Latin America: growth and social expenditure 2000, 2008, 2015 and 2018

| | *GDP 2000*[a] | *GDP 2008*[a] | *GDP 2015*[a] | *GDP 2018*[a] | *Social budget 2000 (% of GDP)*[b] | *Social budget 2008 (% of GDP)*[b] | *Social budget 2015 (% of GDP)*[b] | *Social budget 2018 (% of GDP)*[b] |
|---|---|---|---|---|---|---|---|---|
| **Dual WR with universalist reforms** | **3.6** | **6.8** | **−1.3** | **2.5 −4.9** | **10.6** | **11.8** | **14.5** | **13.3** |
| Brazil | 4.4 | 5.1 | −3.5 | 1.3 | 12.5 | 14 | 16.3 | 17.7 |
| Panama | 2.7 | 9.9 | 5.7 | 3.7 | 8.4 | 8.4 | 8.5 | 8.8[e] |
| Venezuela | 3.7 | 5.3 | −6.2 | −19.6 | 10.8 | 13.1 | 18.8[f] | n.d. |
| **Dual WR with liberal reforms** | **3.9** | **2.2** | **3.2** | **2.4** | **7.4** | **10** | **11.8** | **10.7** |
| Colombia | 2.9 | 3.3 | 3.0 | 2.6 | 8.4 | 11.3 | 13 | 12.6 |
| Mexico | 4.9 | 1.1 | 3.3 | 2.1 | 6.3 | 8.6 | 10.5[g] | 8.7 |
| Latin America | **3.8** | **4** | **−0.2** | **1.0** | **8.5** | **9.5** | **11.2** | **11.3** |

*Source* CEPAL (2020C). [a]Rate of growth of GDP at constant prices (based on national sources). [b]Social budget of the central government(based on national sources). [c]Not including Venezuela. dIncluding Venezuela. [e]For 2017. Rodríguez (2013: Table 9) notes higher social expenditure figures for Panama, that are proportionally even higher than in Brazil. [f]For 2014. [g]Ordóñez (2016: 186) notes higher social expenditures figures for Mexico, close to the Colombian case. n.d.= no data

in 2015 with an increase of four points on the poverty index, unlike Panama which maintained a downward tendency. In the regimes that undertook liberal reforms there was also a reduction in poverty, especially in Colombia where it went down by around 40% and Mexico with a marginal reduction. All of these regimes achieved reductions in income inequality (measured by the Gini coefficient), most notably in Brazil (up until the crisis) and in Panama; in the regimes with liberal reforms the tendency was the same, but at a slower rate. Venezuela still had one of the lowest rates of income inequality in Latin America during this period. However, with the crisis, a good part of what had been achieved in this area by Brazil was lost. It should be pointed out that in general, reductions in inequality, when they occurred, were proportionally less than the reductions achieved in figures for poverty (Table 3.8).

It is probable that social security coverage increased in countries that undertook universalist reforms, especially in the cases of Brazil and Panama and to a lesser extent in Venezuela. Some indicators[39] for Brazilian (in 2017) and Panamanian social security show a coverage of roughly two-thirds (CEPAL 2020A) and 80%, respectively,[40] and although Venezuela got to above half, it fell several points with the crisis.[41] Mexico and Colombia maintained indicators for social security coverage of a third, with a slight increase in Colombia.[42] If these dynamics can be confirmed, with other indicators, it will be possible to show, with greater clarity, the institutionalized dualism of the regimes with liberal reforms, and the universalist tendency of the others. It is clear that the regimes with structural pension reforms, Colombia and Mexico, did not radically change the real participation rate in the social security system of those in employment, so they had to create social pensions with a wide coverage but an extraordinarily weak expenditure; whereas the regimes with universalist reforms only modified their pensions systems parametrically and created social pensions that were noticeably more generous and had bigger budgets. In short, the regimes with universalist reforms tried

[39] In the cases of Brazil, Colombia, México, and Venezuela we used the indicator of employed people supported by a social security schema in 2017 (CEPAL 2020c).

[40] Rodríguez (2013: Table 23) shows social security coverage for 2010 of 81.7% in Panama.

[41] It fell from 55.6% in 2011 to 43.4% in 2014 (CEPAL 2020c).

[42] The figures are as follows: Mexico with 30.1% in 2016 and Colombia, 37.3% in 2017 (CEPAL 2020c).

**Table 3.8** DWR in Latin America: poverty and income inequality, 2000, 2008, 2015 and 2018

| | *Poverty 2000* (*% of the population*)[a] | *Poverty 2008* (*% of the population*)[a] | *Poverty 2015* (*% of the population*)[a] | *Poverty 2018* (*% of the population*)[a] | *Concentration of income 2000* (*Gini coefficient*)[a] | *Concentration of income 2008* (*Gini coefficient*)[a] | *Concentration of income 2015* (*Gini coefficient*)[a] | *Concentration of income 2018* (*Gini coefficient*)[a] |
|---|---|---|---|---|---|---|---|---|
| **Dual WR with universalist reforms** | **37.5** | **25.6** | **21.7** | **16.7** | **0.511** | **0.481** | **0.468** | **0.519** |
| Brazil | 38.4[b] | 25.3 | 18.8 | 19.4 | 0.576[b] | 0.536 | 0.511 | 0.540 |
| Panama | 29.8 | 26.8 | 17.9 | 14.5 | 0.564 | 0.528 | 0.516 | 0.498 |
| Venezuela | 44.2 | 24.7 | 28.3[c] | n.d | 0.392 | 0.379 | 0.378[c] | n.d. |
| **Dual WR with liberal reforms** | **51.3** | **43.9** | **37.1** | **35.7** | **0.548** | **0.543** | **0.514** | **0.498** |
| Colombia | 53.8[d] | 44.6 | 30.5 | 29.9 | 0.567[d] | 0.572 | 0.524 | 0.52 |
| Mexico | 48.8 | 43.1 | 43.7[e] | 41.5 | 0.528 | 0.513 | 0.504[e] | 0.475 |
| Latin America | **44.0**[f] | **33.5** | **29.0** | **30.0** | **0.531**[d] | **0.500** | **0.467** | **0.462** |

*Source* CEPAL (2020C). [a]On the basis of questionnaires applied in households of the nation. [b]In 2001. [c]In 2014. [d]In 2002. [e]In 2016. [f]In 2001. n.d. = no data

to have new forms of social inclusion that were more relevant than those of Colombia and Mexico.

Some of the regimes considered increasing public commitment to the health system with greater expenditure, in the framework of the reforms addressed here. Among the reformers with universalist tendencies, the case of Brazil is of special interest with its increase in public expenditure on health, a reduction in out-of-pocket citizen expenses and an increase in services provided, achieving total coverage of the social protection system, following the criteria of the ILO (including those covered by social security and those covered by the SUS) (ILO 2020). In spite of the limitations of the Brazilian health system this tendency stands out, although it will probably suffer reversals with new policies promoted by the right-winger Jair Bolsonaro, especially those of slowing down expenditure.

In the same segment, Panama practically maintained its expenditure and reduced out-of-pocket citizen expenses, as well as improving services. It is paradoxical in this group that Venezuela should report to the ILO (2020) total coverage by the social protection system, but in the last few years of crisis, the country's social expenditure has been drastically reduced and out-of-pocket citizen expenses have increased so much as to become the highest of any in the dual regimes. Wide coverage with an abrupt reduction in services has meant weakness in the services provided and the need for citizens to spend more.

The liberal reformers have also shown heterogeneous results: the public commitment of Colombia to health increased and the country's expenditure on health is the highest among the dualist regimes, with the lowest (though fluctuating) out-of-pocket citizen expenses of any in the group, while the commitment by Mexico is the smallest (not counting the critical case of Venezuela) and with a lowering of out-of-pocket citizen expenses but with these still the highest of any in the dualist regimes (again, not counting the critical case of Venezuela); in spite of progress made by the reforms in these two regimes, according to the ILO (2020), they have not managed to include the whole population in the social protection system and there is still a sector of those excluded.[43] To sum up, the health reforms of Brazil and Colombia appear to have obtained the best

[43] The population covered by health social protection was in 2010 87.2% in Colombia and 85.6% in Mexico, included social security and the non contributory schemes (ILO 2020).

results, but with the doubt remaining of what will happen in the former country in the near future (Table 3.9).

The dualist regimes tried to overcome a good part of the limitations of their social security systems and the significant exclusion of large sectors of the population, with social pensions, conditional cash transfers, new health packets to help achieve universal coverage, and protection for labour fortified with increasing minimum wages.

As explained above, these initiatives have been heterogeneous as ratified by the TMC: Panama promoted a basic pension with a monthly transfer four or five times the size of that of Colombia or Mexico (Table 3.6), though less than half the amount of the Brazilian and hardly a quarter that of the Venezuelan system, and designed an extremely minimalist CCT programme, with the smallest expenditure of any of the dual regimes and the smallest maximum cash transfer per household, while promoting an increase of nearly 40% in the minimum wage from 2000 to 2018. Thus, the universalist tendencies in Panama are associated with a degree of minimalism. Brazil shows more generous pensions and transfers, with the CCT programme having the widest coverage and the largest sums per transfer, and the greatest social expenditure[44] (including increases to basic pensions and the TMC), and it has had the largest increase in the minimum wage of all the dual regimes (doubling between 2000 and 2008) (Table 3.10), although with the general slowdowns we have mentioned several times.

By contrast, Venezuela, with no important CCT programme in the last few years, shows signs of a severe crisis in its universalist tendencies, with minimum wages going down (Table 3.10); while the increase in social expenditure in general (in 2014 the highest in all the regimes considered) is countered by a serious decline in health expenditure and an economic depression that will make it difficult to keep up the social expenditure and generous social pensions. Colombia increased its social expenditure, and to a lesser extent its minimum wages (by only about 24% between 2000 and 2018) (Table 3.10), but its CCT featured weak expenditure (half that in Brazil and Mexico), meagre transfers (half the size of the Brazilian) (CEPAL 2020B) and the lowest social pensions among the dualist regimes, although social expenditure increased. It is probable that the associated wage increases, low but constant economic

[44] According to the figures of Rodríguez (2013) Panama would have a larger social budget than Brazil.

**Table 3.9** DWR in Latin America: health expenditure, 2000, 2008, 2015 and 2018

| | *Public health expenditure (%GDP)*[a] *2000* | *Public health expenditure (%GDP)*[a] *2008* | *Public health expenditure (%GDP)*[a] *2015* | *Public health expenditure (%GDP)*[a] *2017* | *Out-of-pocket expenses (%)*[b] *2000* | *Out-of-pocket expenses (%)*[b] *2008* | *Out-of-pocket expenses (%)*[b] *2014* |
|---|---|---|---|---|---|---|---|
| Dual WR with universalist reforms | 3.9 | 3.6 | 3.4 | 2.9 | 37.9 | 36.2 | 37.4 |
| Brazil | 3.5 | 3.5 | 3.8 | 4.0 | 38.0 | 31.5 | 25.5 |
| Panama | 4.8 | 4.7 | 4.3 | 4.4 | 26.0 | 25.8 | 22.3 |
| Venezuela | 3.4 | 2.6 | 2.0 | 0.2 | 49.7 | 51.3 | 64.3 |
| Dual WR with liberal reforms | 3.1 | 3.7 | 4.1 | 3.9 | 31.2 | 36.1 | 29.7 |
| Colombia | 4.2 | 4.8 | 5.1 | 4.9 | 12.2 | 21.4 | 15.4 |
| Mexico | 2.0 | 2.6 | 3.1 | 2.8 | 50.1 | 50.8 | 44.0 |

*Source* WHO (2020). [a]Domestic expenditure on health by the government in general. [b]Out-of-pocket expenses as proportion of total expenditure on health. [c]In 2009

**Table 3.10** DWR in Latin America: real minimum wages 1990–2018

| | *Real minimum wage* | | | | | | |
|---|---|---|---|---|---|---|---|
| | *1990* | *1995* | *2000* | *2005* | *2010* | *2014* | *2018* |
| Brazil | 73.8 | 87.2 | 100.0 | 128.5 | 182.1 | 203.6 | 211 |
| Colombia | 98.2 | 94.2 | 100.0 | 107.2 | 115.2 | 123.2 | 123.8 |
| Mexico | 143.5 | 112.9 | 100.0 | 101.3 | 100.5 | 101.7 | 116.6 |
| Panama | 82.4 | 88.0 | 100.0 | 104.5 | 113.3 | 123.9 | 136.7 |
| Venezuela | 103.4 | 117.2 | 100.0 | 103.7 | 93.8 | 94.1 | n.d. |

*Source* CEPAL (2020C). n.d. = no data

growth, and new minimalist programmes (CCT and social pensions), have combined to diminish poverty and inequality in this regime. Mexico, pioneer among the national CCT programmes and with a large coverage, is the country with the smallest wage increases in the countries studied (except for Venezuela in recent years), and even a serious decline if we take the 1990s into consideration (Table 3.10); and one of the lowest social pensions (similar to that of Panama) although with a large coverage, like the new health package (large coverage but limited services).

Finally, to sum up, we propose the following classification: Panama has a regime tending towards universalism and Brazil a regime also tending towards universalism but that has been limited and is now being held back. The Venezuelan dualist regime with a universalist project is currently immersed in a political crisis and in danger of breaking up with the depression of the economy. By contrast, Mexico and Colombia have institutionalized their dualist features (and minimalist programmes) but have in recent times shown a different performance, with Colombia tending to be more progressive.

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# Latin American Social Policy Developments in the Twenty-First Century

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